LODGING STATEMENT

I did not share a room.

I certify that I was the only occupant in reflected on the lodging receipt*	the room. *An explanati	on is required if two or more guests are
Comments:		
Traveler's signature:	Print: (rank, name)	Date:
If vou did not share a room	a. the rest of this statemen	nt does not need to be filled out
I did share a room.		
I shared a room with (rank, full name)		who was / was not on funded orders.
Dates covered by this statement:	to	
My share of the lodging cost that I paid for and am requesting reimbursement for		
Daily Rate: \$ Taxes:\$	for days	Total I am claiming: \$
Traveler's signature:	Print: (rank, name)	Date:
Other traveler's lodging cost		
Total amount other traveler is claiming: \$		
** If you paid the entire lodging cost, AO must fill out the statement below **		
I paid for the entire lodg	ing amount but othe	r travelers shared my room.
		one traveler was forced to pay for the total lodging o why member was forced to pay for travel expenses
Comments:		
Note to AO, by signing this document, you have lodging expenses on their voucher	e verified that the traveler(s) wh	no did not pay for any lodging costs does not claim
AO signature:	Print (rank, name)	Date: